

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED				TIOTALE	DON'I AFFORMIE	VOUCHER NUMBER			
MAX Shays, Todd					-				
	MAG. DKT./DEF. NUMBER 4:03-001770-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
1	N CASE/MATTER OF (Case N	· I	8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions)		
U.S. v. Shays Felony			••	Adult Defendant (Criminal C	Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 844A=CP.F CONTROLLED SUBSTANCE - POSSESSION									
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS RYAN, EDWARD 61 ACADEMY ST. FITCHBURG MA 01420 Telephone Number:				☐ O ☐ F ☐ P Prior At Ap ☐ Beca	F Subs For Federal Defender				
14.	NAME AND MAILING ADD	DRESS OF LAW FIRM(only pro	ovide per instructi		attorney whose name appears in Item 12 is appointed to represent this person in this case.				
OCONNOR AND RYAN, P.C. 61 ACADEMY STREET					Other (See Instructions)				
FITCHBURG MA 01420				Signa	Signature of Presiding Smalleal Officer or By Order of the Court				
			Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at						
	A STATE STATE			time of a	ppointment.	YES NO	F. S. Star Berliner - Salara -	ihis service at	
	tide Seat kon i deller bar deller		Paris Tyr Y Common Same No.		ever the sufference	to the second se			
	CATEGORIES (Attach ite	emization of services with dates))	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea								
	b. Bail and Detention Hearings								
I	c. Motion Hearings								
n	d. Trial								
C o		e. Sentencing Hearings							
u r	f. Revocation Hearings								
ť		g. Appeals Court							
	h. Other (Specify on add	h. Other (Specify on additional sheets)			in air an		a in similar industrial in the Sign		
	(Rate per hour = \$) TOTALS:								
16.	a. Interviews and Conferences								
O u t	b. Obtaining and reviewing records								
ò	c. Legal research and brief writing								
C	d. Travel time								
C o u	e. Investigative and Other work (Specify on additional sheets)								
f	(Rate per hour = \$) TOTALS:								
17.	Travel Expenses (lod	lging, parking, meals, mileage, e	etc.)	The second second second second second					
18.	Other Expenses (other	ner than expert, transcripts, etc.	.)						
** ***		Algebrage Colored Spains Service	14.7 x 1. 3 1. 3 1. 3 1. 3						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO				'ICE		0. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			
22. CLAIM STATUS							······································		
Have you previously applied to the court for compensation and/or remimbursement for this case? Supplemental rayment. NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? System 1985 NO If yes, give details on additional sheets.									
I swear or affirm the truth or correctness of the above statements.									
S	Signature of Attorney:	Mark the second	and the same of the same of		Date:				
23.	IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL 1			L EXPENSES	KPENSES 26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE	DATE 28a. JUDGE/MAG. JUDGE CODE			
29.	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX			L EXPENSES	32. OTHE	32. OTHER EXPENSES 33. TOTAL AMT. APPROVED		AMT. APPROVED	
34.	SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	DATE 34a. JUDGE CODE		GE CODE	